

7002 2410 0000 2398 9195		FILL IN THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/></p> <p>B. Received by (Printed Name) <u>DPMB</u> Date of Delivery <u>4/18/03</u> <input type="checkbox"/> Addressee</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><u>John Potter</u> <u>Postnask General</u> <u>U.S.P.S.</u> <u>475 L'Enfant Plaza</u> <u>Wash, D.C., SW, 20260</u></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p><u>7002 2410 0000 2398 9195</u></p>		<p>Domestic Return Receipt</p> <p>PS Form 3811, August 2001</p> <p>102595-02-M-1540</p>	